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APR 04 2011
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☒ Lease
☐ Purchase
☐ Donation
☐ Other

Explain: _____

☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 01/01/2011

END DATE 12/31/2020

FOR OFFICE USE ONLY

FILE No. C63-28683C@2 WRIA 32

DATE ACCEPTED 04/06/11 BY S

FEE \$ 0 REC'D 04/04/2011

CHECK No. 1

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Washington Department of Ecology	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE WA	ZIP CODE

CONTACT NAME (IF DIFFERENT FROM ABOVE) Derek I. Sandison	PHONE NO. (509) 457-7120	FAX NO. (509) 662-0499
ADDRESS 303 S. Mission St., Ste. 200		
CITY Wenatchee	STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-28683C	RECORDED NAME(S) Dean Howe
DO YOU OWN THE RIGHT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS: PORT OF WALLA WALLA – Jim Kuntz 310 A Street WALLA WALLA, WA 99362-2269	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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WATER RIGHT NO. _____ FILE (contract) NO. _____

C63-28683C@2

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Columbia River basin water supply development account	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		w½	SW	11	7	31E	31-07-11-00-0001	
		w½						

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 190 acres	2500gpm	883	Mar 1 – Nov 30

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream Flow	883

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
S ½ of Sec. 2 and all of Sec 11 of T. 7 N., R. 31 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2, 11	7	31E	Walla Walla		190
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Port of Walla Walla							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
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¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2, 11	7	31E	Walla Walla		190
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Port of Walla Walla							

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
An approximate 15-mile reach of the Columbia River where it borders WRIA 32: From south bank of Snake River mouth (approximate river mile 324) to where east bank of Columbia River crosses into Oregon (approximate river mile 309).
This reach represents a portion of Lake Wallula, the impoundment formed by McNary Dam.
Note: RCW 90.90.010(2)(a) limits water acquisitions under the Columbia River basin water supply development account to remain in WRIA without specific legislative authority.

7. Remarks and Other Relevant Information:



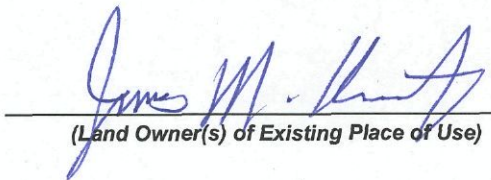
This acquisition is one of seven water rights leased by Ecology's Office of Columbia River from the Port of Walla Walla under Lease Agreement Number C1100119.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 (Applicant)	<u>3 / 29 / 11</u> (Date)
 (Water Right Holder)	<u>3 / 29 / 11</u> (Date)
 (Land Owner(s) of Existing Place of Use)	<u>3 / 31 / 11</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____